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HEALTH CARE FINANCING ADMINISTRATION

MEDICARE PAYMENTS TO CHAINS

REPORTS
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MEDICARE PAYMENTS

TO

CHAINS

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Health Care Financing Administration
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INTRODUCTION

In July 1980, the Bureau of Quality Control's Office of Financial Analysis published a report titled Chain Operations - Overview and Plans. That report provided HCFA management with a perspective on the growing power and complexity of the chain segment of the health care industry. It also laid out a plan for improving HCFA's ability to meet the challenges posed by this growth. This report represents the completion of one of the elements of that plan which entailed the quantification of Medicare benefit payments to chain providers.

The basic data were developed through the efforts of the Office of Methods and Systems in the Bureau of Program Operations and the Office of Health Program Systems in the Bureau of Support Services. The data were developed by combining information from two systems. Billing data for the most recent complete fiscal year for each provider were obtained from the Provider Master File (PMF) as of September 1981, using the same information from which the Provider Statistical and Reimbursement (PS & R) Report is compiled. The chain affiliation of the providers involved was determined based on information reported on Form 1885A, Provider Chain Operator Data. This report summarizes more extensive detailed printouts for each chain and its affiliated providers. Attachments 1 - 3 are samples of the data available in the complete printouts which are available in the Office of Financial Analysis.

The data obtained through this effort are the best and only organized data available on payments to chains. There are several limitations, however, that are imposed by the nature of the data base, most of which tend to understate the size and influence of the chains. These are outlined below:

(1) Reporting requirements related to the form 1885A have not been enforced.

(2) The form 1885A was temporarily discontinued during FY 1980. Therefore, the enormous growth and consolidation in chains that occurred subsequently is not accounted for. An extract from Chain Note No. 7 dated November 1981 (Attachment 4) identifies some of the chains that are not included in this report.

(3) The form 1885A is not submitted for providers which are managed by chains under management contracts. This excludes a significant growing segment of chain operations.

(4) The fiscal year ending dates of providers occur at different times of the year. Hence, though the data represents a 12-month fiscal year for each provider, the fiscal years are not identical. Their closing dates range from October 1, 1980 to September 30, 1981.

(5) Generally, payments to providers are based on a provider interim reimbursement rate which is applied to the number of covered patient days. This rate, which is determined in advance, is supposed to approximate Medicare costs, but final cost to the program will not be determined until cost reports are settled for the fiscal years involved. It is not anticipated that cost report settlement will materially affect the relative expenditure levels reflected in this report.

EXECUTIVE SUMMARY

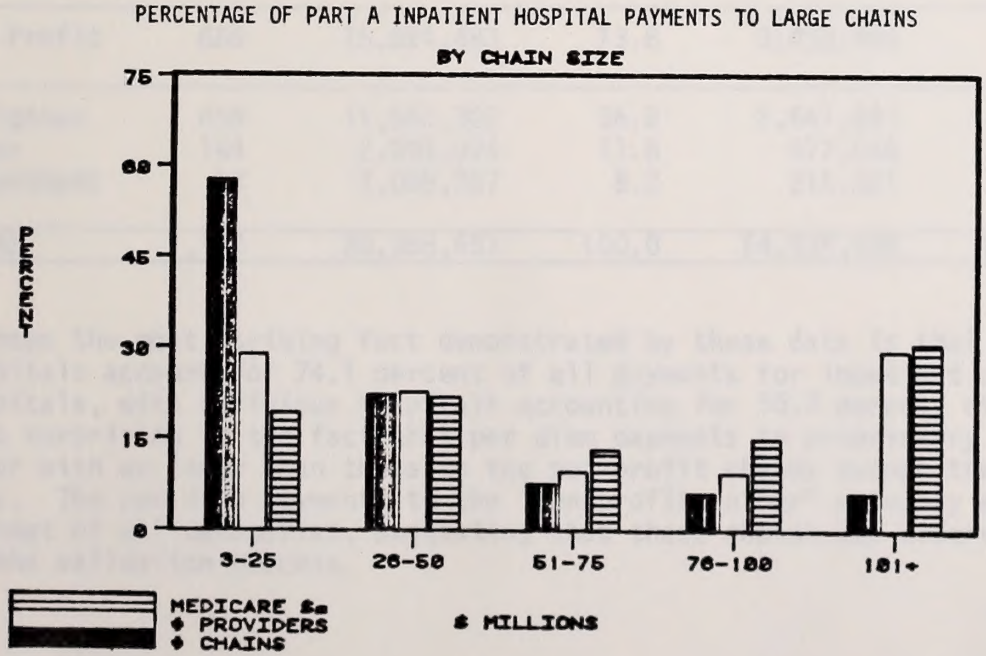
Tables I - III, respectively, summarize national payments to all providers and to chain affiliated hospitals, skilled nursing facilities (SNFs), and home health agencies (HHAs).

Following is a summary of the riembursement data (excludes deductibles and coinsurance) contained in Tables I - III.

	All Providers (Millions)	Chain Providers (Millions)	Chain Providers as % of All Providers
Hospitals	$23,680.6	$4,945.5	20.9
SNFs	389.9	118.1	30.3
HHAs	709.9	43.5	6.1
Total	$24,780.4	$5,107.1	20.6

Of $24.8 billion paid to all Part A providers, $5.1 billion, or 20.6 percent was paid to chains, and this does not account for large amounts paid to providers controlled by chains through management contracts.

Chain hospitals, which were paid $4.9 billion, accounted for 96.8 percent of the total Medicare payout to chains. The 130 large hospital chains (those receiving over $3 million per year in program payments for inpatient services) accounted for $4.636 billion in reimbursement, or 93.7 percent of payments to all chain hospitals. Table IV lists these large hospital chains in declining order of number of covered inpatient days, and the following graph and table summarize that table. As can be seen, the eight largest chains account for 30.6 percent of Part A inpatient payments by the program to these hospitals, and 26 account for over 58 percent of payments to them.



Reimbursement $ Millions	Chains Number	%	Medicare Reimb. Inpatients Amount	%	Providers Number	%
3 - 25	75	57.7	896,465	19.3	322	29.0
26 - 50	29	22.3	1,017,126	21.9	252	22.7
51 - 75	10	7.7	610,194	13.2	107	9.6
76 - 100	8	6.15	695,082	15.0	104	9.3
101 plus	8	6.15	1,416,739	30.6	327	29.4
Total	130	100.0	4,635,606	100	1,112	100

Table IV also shows that of the 26 largest chains which are paid over $50 million per year, only 4 are proprietary profit-making organizations.

Table V summarizes the geographic distribution of covered short-stay inpatient hospital days and related Medicare payments by State. Five States (California, Florida, Texas, Michigan, and Illinois) account for 40.7 percent of chain short-stay hospital covered days.

Tables VI - IX present per diem and total reimbursement data for the large hospital chains by type of ownership. The following are summary data from those tables.

Type of Ownership	# of Hosp.	Inpatient Days #	%	Reimbursement $ (000s)	%	Per Diem
Proprietary	426	4,334,168	26.2	$1,201,610	25.9	$225
Non-Profit	686	15,024,483	73.8	3,433,996	74.1	229
Religious	459	11,562,302	56.8	2,641,627	57.0	228
Other	144	2,393,924	11.8	577,048	12.5	241
Government	83	1,068,257	5.2	215,321	4.6	202
TOTAL	1,112	20,358,651	100.0	$4,635,606	100.0	$228

Perhaps the most striking fact demonstrated by these data is that non-profit hospitals account for 74.1 percent of all payments for inpatient services to chain hospitals, with religious hospitals accounting for 56.8 percent of the total. Also surprising is the fact that per diem payments to proprietary chains are on a par with or lower than those to the non-profit chains except the government-owned ones. The per diem payments to the "non-profit, other" category at $241 were the highest of all categories, suggesting that these chains may deserve more scrutiny in the validation process.

Data in Table X on the 25 largest SNF chains (receiving over $500,000 per year in Medicare reimbursement) contrast vividly with that on chain hospitals. Only 5 are non-profit and these account for only 7 SNFs of the 454 SNFs owned or leased by the largest chains. These five nonproprietary chains all had extraordinarily high per diem payments, and for three, per diems were over $110 per day.

Again, the reader is invited to refer to Attachments 1 - 3 which provide samples of the full range of billing data on chains. Complete printouts are available from the Office of Financial Analysis by contacting Al Pearlman at 301-594-7428 or FTS 934-7428.

TABLE I
PAYMENTS TO HOSPITALS
FOR MOST RECENT FISCAL YEAR
AS OF 9/81

Part A Inpatient	All	Nonchain Affiliated Hospital	NChainin Affiliated Providers	Chain Hospitals As % of All Hospitals
Payments (000s)				
Deductible	$ 1,391,795	$ 1,101,207	$ 290,588	
Coinsurance	274,315	226,050	48,265	
Reimbursement	22,215,970	17,539,619	4,676,351	21.0
Total Payments	$23,882,080	$18,866,876	$ 5,015,204	21.0
Covered Days	102,359,419	81,682,730	20,676,689	20.2
Payments Per Day	$233.32	$230.88	$242.55	
Part B Inpatient				
Payments (000s)				
Deductible	$ 1,180	$ 947	$ 233	
Coinsurance	23,058	18,667	4,391	
Reimbursement	90,962	73,221	17,741	19.5
Total Payments	$ 115,200	$ 92,835	$ 22,365	19.4
Part B Outpatient				
Payments (000s)				
Deductible	$ 189,269	$ 158,714	$ 30,555	
Coinsurance	59,858	294,603	65,255	
Reimbursement	1,373,652	1,112,276	251,376	18.3
Total Payments	$ 1,922,779	$ 1,575,593	$ 347,186	18.1
Total				
Payments				
Deductible	$ 1,582,244	$ 1,260,868	$ 321,376	
Coinsurance	657,231	539,320	117,911	
Reimbursement	23,680,584	18,735,116	4,945,468	20.9
Total Payments	$25,920,059	$20,535,304	$5,384,755	20.8

Source: Provider Master File Statistics for September 1981
(Extract of patient claims filed)

TABLE II
PAYMENTS TO SKILLED NURSING FACILITIES
FOR MOST RECENT FISCAL YEAR
AS OF 9/81

	All SNFs	Nonchain Affiliated SNFs	Chain Affiliated SNFs	Chain SNFs As % Of All SNFs
Part A Inpatients				
Payments (000s)				
Blood Deductible	$ 6	$ 5	$ 1	
Coinsurance	90,808	60,283	30,525	
Reimbursement	326,836	229,636	97,200	
Total Payments	$ 417,650	$289,924	$127,726	30.6
Covered Days	7,550,522	5,012,779	2,537,743	33.6
Payments Per Day	$55.31	$57.84	$50.33	
Part B Inpatient				
Payments (000s)				
Deductible	$ 1,880	$ 1,381	$ 499	
Coinsurance	11,748	8,335	3,413	
Reimbursement	42,998	29,551	13,049	30.3
Total Payments	$ 56,626	$ 39,267	$ 16,961	30.0
Part B Outpatient				
Payments (000s)				
Deductible	$ 1,010	$ 657	$ 353	
Coinsurance	5,276	3,214	2,062	
Reimbursement	20,032	11,855	7,898	39.4
Total Payments	$ 26,318	$ 15,726	$ 10,313	39.2
Total Payments (000s)				
Blood Deductible	$ 6	$ 5	$ 1	
Deductible	2,890	2,038	852	
Coinsurance	107,832	71,832	36,000	
Reimbursement	389,866	271,042	118,147	30.3
Total Payments	$ 500,594	$344,917	$155,000	31.0

TABLE III
PAYMENTS TO HOME HEALTH AGENCIES
FOR MOST RECENT FISCAL YEAR
AS OF 9/81

	All HHAs	Nonchain Affiliated HHAs	Chain Affiliated HHAs	Chain HHAs As % Of All HHAs
Part A				
Payments				
Reimbursement	$477,260	$445,697	$31,563	6.6
Part B				
Payments (000s)				
Deductible	$ 4,344	$ 4,108	$ 236	
Reimbursement	171,724	160,549	11,175	6.5
Total Payments	$176,068	$164,657	$11,411	6.5
Part B Outpatient-Ambulance				
Payments (000s)				
Deductible	$ 225	$ 195	$ 30	
Coinsurance	1,675	1,465	210	
Reimbursement	60,866	60,127	739	1.2
Total Payments	$ 62,766	$ 61,787	$ 979	1.6
Total				
Payments (000s)				
Deductible	$ 4,569	$ 4,303	$ 266	
Coinsurance	1,675	1,465	210	
Reimbursement	$709,850	666,373	43,477	6.1
Total Payments	$716,094	$672,141	$43,953	6.1

TABLE IV
CHAINS REIMBURSED MORE THAN $3 MILLION
FOR PART A INPATIENT HOSPITAL SERVICES
FOR MOST RECENT FISCAL YEAR
AS OF 9/81

Chain ID No.	Chain Name	Covered Days	Medicare Reimb. (000s)	Number of Providers* N	P
07890	Hosp. Corp. of America	1,583,063	317,629		98
08330	Humana	1,291,887	288,081		85
04090	Dau. of Charity-Shared Svc. Assoc.	701,956	173,929	17	
00940	Am. Medical International	654,607	160,025		52
15270	Srs. of Mercy Health Corp.	592,008	143,053	17	
15320	Srs. of Providence Sacred Heart	381,400	120,182	10	
08040	Hosp. Affiliates International	450,893	108,831		36
15091	Daughter of Charities Svcs. Board	452,142	105,009	12	
15030	Srs. of Charity-Incarnate Word	448,842	99,301	14	
09182	Kaiser Foundation Health Plan	378,109	98,099	26	
14762	SDA West Adventist Health Svc.	255,119	90,647	15	
14040	Srs. of Charity of Cincinnatti	379,432	86,413	10	
08290	Hospital Srs. Health Systems	445,655	82,857	12	
15440	Srs. of St. Francis of Phila.	381,873	80,673	11	
15700	Holy Cross Health System Corp.	333,553	78,585	8	
15421	Srs. of St. Francis Hlth. Svc. Corp.	363,576	78,507	8	
15160	Srs. of Mercy	238,613	71,954	5	
15180	Catholic Health Corp.	301,466	67,474	14	
15068	Srs. of Charity of Leavenworth	249,421	65,413	8	
15210	Srs. of Mercy of the Union (Prov/Cin)	327,058	62,809	11	
15250	Srs. of Mercy Province of St. Louis	353,187	62,396	12	
05640	Franciscan Srs.-Dau. of Sacred Heart	258,840	59,436	7	
15095	Srs. of Charity of Incarnate Word	316,267	57,866	7	
15970	SDA: Church Adventist Health Svc.	256,431	57,854	23	
15680	Srs. of St. Mary	281,696	52,690	12	
01402	Assoc. Franciscan Health Svc.	273,522	52,302	8	
06395	Harper Grace Hospitals	155,082	50,089	2	
15540	Srs. of St. Joseph in California	179,462	50,004	5	
12670	Srs. of Charity-Nazareth	248,837	48,240	7	
08640	Intermountain Health Care	195,954	45,408	18	

*N --Non-Profit
P - Proprietary

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Chain ID No.	Chain Name	Covered Days	Medicare Reimb. (000s)	Number of Providers N	P
09650	Lutheran Hosp. & Home Soc. of Amer.	237,034	45,290	51	
10400	Lifemark Corp.	224,536	42,737		20
13660	Ancilla Domino Health Svc.	210,242	41,896	7	
12110	National Medical Enterprises	158,656	41,152		9
09320	Los Angeles County Dept. of Health	85,557	40,488	7	
14660	Samaritan Health Svc.	142,875	39,383	4	
05050	Evangelical Hospital Assoc.	149,928	34,796	5	
15170	Srs. of Mercy of the Union	137,705	34,682	4	
03010	Charter Medical	145,192	34,366		24
15010	Srs. of Bon Secours Health	163,748	32,566	4	
16990	Srs. of 3rd Order of St. Francis	143,026	32,081	6	
04595	Duke Univ. Medical Center	84,506	31,142	3	
09650	Lutheran Hosp. Soc. of So. Cal.	91,002	30,504	2	
12784	No. Broward Hospital District	155,120	30,177	3	
17749	Wm. Beaumont Corp.	124,290	30,142	2	
15780	Srs. of the Sorrowful Mother	129,706	29,261	11	
00320	Alexian Bros. of America	127,720	29,137	4	
15340	Srs. of St. Francis, CO Springs	133,469	29,123	5	
15060	Srs. of Providence, Prov. St. Ignatius	120,804	29,105	4	
05700	Franciscan Health Care Group	127,137	28,772	5	
01580	Baptist Medical Center	140,708	28,546	3	
13480	Peoples Comm. Hospital	133,425	28,170	5	
03360	Commonwealth of Pennsylvania	180,361	26,789	20	
15640	Srs. of St. Joseph Coord. Svc.	126,765	26,711	8	
01560	Baptist Hospitals Inc.	146,670	26,369	4	
13780	Presby. St. Lukes Medical Center	106,288	25,963	2	
10570	Medical Center Hospitals	111,089	25,606	2	
14767	SDA: Mid America Adventist	103,433	25,105	5	
11210	Metropolitan Hospitals Inc.	79,174	24,264	4	
13730	Southwest Community Health	111,315	24,063	11	
16276	Summit Health Ltd.	65,184	23,527		5
15570	Srs. of St. Joseph of Carondelet	101,854	22,883	5	

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Chain ID No.	Chain Name	Covered Days	Medicare Reimb. (000s)	Number of Providers N	Number of Providers P
09339	State of Louisiana Hlth. & Human Res.	131,977	21,767	14	
17125	Universal Health Services	69,099	21,717		4
02050	Brookwood Medical Center	108,434	21,092		8
15165	Srs. of Mercy Convent-Our Lady of Mercy	63,810	20,080	3	
05190	Fairview Comm. Hospital	100,449	20,013	5	
01570	Baptist Medical Center System	120,787	19,780	3	
04310	Detroit Osteopathic Corp.	79,831	19,350	3	
15435	Srs. of St. Francis of Penance	63,795	19,100	2	
05173	Fairfax Hospital Assoc.	72,671	18,181	3	
02980	Charlotte Mecklenburg Hospitals	99,767	18,086	4	
15610	Srs. of St. Joseph of Peace	68,519	18,077	3	
15590	Srs. of St. Joseph of Orange	55,296	17,491	4	
14393	Roanoke Mem. Hospital	97,198	17,308	4	
05020	Evangelical Convenant Church	76,252	17,191	2	
01300	Appalachian Reg. Hospitals	121,323	16,941	10	
15762	Presentation Srs. Central Adm. Svcs.	74,997	16,543	4	
14130	Para Celsus Hosp. Corp. (Ramada Med Ctr)	41,084	16,511		7
06580	Greenville Hospital Systems	103,954	16,122	6	
12766	No. San Diego County Hosp. Dist.	52,427	16,120	2	
00535	Am. Health Care Mgmt.	51,949	15,073		5
16290	Sunny Acres Villa Inc.	58,066	14,791	1	
07180	Health Central Inc.	59,068	14,724	7	
04305	Detroit Macomb Hosp. Assoc.	66,376	14,527	2	
16250	Stewards Foundation	58,345	13,629	5	
17098	United Hospitals Inc.	53,679	13,147	3	
14765	SDA Great Lake Adventist	49,795	12,350	2	
09650	Mesa Lutheran Hospitals	54,647	12,278	4	
01555	Baptist Hospital Fund	58,423	10,722	3	
04970	Eskaton Corp.	40,344	10,709	4	
11245	Michigan Osteopathic Med. Center	38,106	10,564	4	
04510	Brunswick Hospital Center	50,499	10,358		4
17380	Wake County Medical Center Inc.	46,574	10,356	5	

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Chain ID No.	Chain Name	Covered Days	Medicare Reimb. (000s)	Number of Providers N	Number of Providers P
05892	Gateway Hospital Mgmt.	44,868	10,353		3
13110	Baptist Health Care Corp.	54,684	10,051	7	
06519	Great Plains Lutheran Hospitals	64,395	9,600	21	
14010	Qualicare Inc.	27,838	8,045		3
16007	Southern Health Svc.	32,998	7,502		6
16348	SW Washington Svc.	26,905	7,313	2	
12783	No. American Svcs. Inc.	37,373	7,296		4
03760	Continued Care Facilities	37,339	7,251		2
04465	Dominican Health Svc.	30,726	7,145	3	
05670	Franciscan Srs. of Little Falls	38,548	7,069	4	
08430	Huntington Health Svcs.	24,977	6,779		4
04552	Dr. Milton Stapen	33,101	6,750		1
08393	Humanex Corp.	16,255	6,569		2
11375	Minn Synod-Lutheran Church	32,533	6,444	2	
11630	Monterey Life Systems Inc.	25,917	6,406		3
15980	Southwest Medical Investment	30,704	6,349		2
15960	Southwestern Mich. Health Assoc.	29,680	6,348	2	
11045	Memphis-Shelby County Hospital	23,040	6,083	1	
16112	Missouri-Pacific Emp. Health Assoc.	32,578	5,898	2	
04310	Doctors Hospital of America	12,981	5,292		1
17291	Vesper Society	14,172	5,282	1	
15430	Srs. of St. Francis Of Pen. & Christ	25,351	5,084	3	
07290	Health Service Inc.	24,099	4,647	3	
12040	NYC Dept. of Mental Health	60,901	4,622	8	
17175	University of Miami	15,068	4,598	2	
16206	Maryland Dept. of Fiscal Affairs	58,305	4,512	10	
17180	University of New Mexico	14,849	4,122	2	
11420	Miss. County Hospital	25,954	4,029	2	
11205	Metropolitan Hospitals Inc.	16,769	3,951	2	
00627	Am. Hospital Mgmt. Corp.	10,209	3,827		2
00260	Western Hospital Corp.	13,211	3,782		3

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Chain ID No.	Chain Name	Covered Days	Medicare Reimb. (000s)	Number of Providers N	Number of Providers P
00140	Advance Health Systems	18,751	3,616		13
07500	Hillhaven Corp.	22,168	3,602		6
14910	Sierra Nevada Mem. Hospital	15,116	3,547		2
03560	Community Psychiatric Centers	35,279	3,545		12
14659	Salvation Army Territorial Hq.	14,998	3,047	2	
	Total Paid Over $3 Million	20,358,651	$4,635,606	686	426
	Chains Paid Less Than $3 Million	318,038	$ 40,745		
	All Chains (Table I)	20,676,689	$4,676,351		

TABLE V
MEDICARE REIMBURSEMENT TO SHORT-STAY CHAIN HOSPITALS BY STATE
FOR MOST RECENT FISCAL YEAR
AS OF 9/81

	State	Covered Days		Reimbursement		Per Diem				Total Payments As A % Of Charges
		Number	Percent	000s	Per Diem	Co-Insurance	Deductible	Total Payments	Charges	
1	CA	2,417,089	12.4	$830,949	$344	$2	$16	$362	$488	74.2
2	FL	1,681,756	8.4	416,860	248	1	16	265	393	67.4
3	TX	1,486,311	7.4	321,129	216	2	15	233	301	77.4
4	MI	1,273,772	6.3	336,717	264	3	12	279	393	71.0
5	IL	1,244,733	6.2	291,711	234	2	12	248	327	75.8
6	KY	708,722	3.5	134,562	190	2	15	207	247	83.8
7	OH	706,405	3.5	157,564	223	2	13	238	283	84.1
8	TN	686,763	3.4	140,694	205	2	14	221	294	75.2
9	VI	656,873	3.3	134,435	205	2	14	221	304	72.7
10	WI	581,975	2.9	139,137	239	2	14	255	281	90.7
11	MO	574,144	2.9	119,642	208	2	13	223	290	76.9
12	IN	535,747	2.7	121,102	226	2	13	241	271	88.9
13	AL	524,151	2.6	109,508	209	1	15	225	326	69.0
14	CO	510,646	2.5	125,733	246	2	14	262	333	78.7
15	AR	447,977	2.2	85,927	192	2	14	208	269	77.3
16	WA	443,264	2.1	120,938	273	1	18	292	326	89.6
17	LA	419,586	2.1	89,724	214	2	16	232	290	80.0
18	AZ	416,364	2.1	112,723	271	2	16	289	370	78.1
19	PA	410,844	2.0	91,126	222	3	12	237	358	66.2
20	MN	394,500	2.0	89,589	227	3	13	243	258	94.2
21	OR	371,896	1.9	124,802	336	2	16	354	368	96.2
22	IA	341,174	1.7	81,932	240	2	14	256	288	88.9
23	KA	313,134	1.6	67,300	215	2	14	231	271	85.2
24	NC	256,316	1.3	71,917	281	4	13	298	353	84.4
25	MD	232,106	1.2	54,538	235	3	13	251	255	98.4

TABLE V
MEDICARE REIMBURSEMENT TO SHORT-STAY CHAIN HOSPITALS BY STATE
FOR MOST RECENT FISCAL YEAR
AS OF 9/81

	State	Covered Days		(Add 000) Reimbursement		Per Diem				Total Payments As A % Of Charges
		Number	Percent	000s	Per Diem	Co-Insurance	Deductible	Total Payments	Charges	
26	NM	224,388	1.1	$ 55,910	$249	$2	$17	$268	$330	81.2
27	OK	216,950	1.1	49,471	228	1	16	245	317	77.3
28	GA	215,168	1.1	47,545	221	1	18	240	308	77.9
29	UT	213,981	1.1	55,532	260	1	20	281	328	85.7
30	NJ	183,147	.9	36,227	198	3	12	213	346	61.6
31	SC	172,247	.8	34,707	201	3	15	219	266	82.3
32	NE	164,634	.8	32,807	199	1	16	216	263	82.1
33	NY	135,503	.6	29,332	216	5	11	232	351	66.1
34	ID	113,708	.6	30,005	264	1	18	283	315	89.8
35	MT	110,633	.6	25,905	234	2	15	251	302	83.1
36	SD	100,634	.5	22,677	225	2	15	242	277	87.4
37	MA	87,533	.4	21,908	250	4	10	264	362	72.9
38	WV	81,766	.4	14,653	179	1	18	198	290	68.2
39	MS	79,097	.4	15,457	195	2	15	212	271	78.2
40	NV	74,266	.4	27,285	367	2	16	385	569	67.7
41	ND	72,370	.4	15,634	216	2	16	234	247	94.7
42	CT	48,772	.2	13,449	276	2	13	291	342	85.1
43	DE	46,248	.2	9,797	212	2	12	226	271	83.4
44	WY	38,023	.2	9,231	242	2	20	264	273	96.7
45	DC	35,717	.2	9,723	272	3	10	285	322	88.5
46	HI	19,642	.1	5,080	259	2	17	278	321	86.6
47	AK	18,529	.1	7,538	407	3	15	425	457	93.0
48	ME	-	-	-	-	-	-	-	-	-
49	NH	-	-	-	-	-	-	-	-	-
50	VT	-	-	-	-	-	-	-	-	-
51	RI	-	-	-	-	-	-	-	-	-
Totals		$20,089,384	100.0	4,940,130	246	2	14	262	340	77.1
Total of States 1-5 listed above		$ 8,103,661	40.7	2,197,366	271	2	14	287	395	72.7
Net Total States 6-51		$11,985,723	59.3	2,742,764	229	2	14	245	303	80.9

TABLE VI
PER DIEM REIMBURSEMENT FOR PROPRIETARY HOSPITAL CHAINS PAID OVER $3 MILLION
IN MOST RECENT FISCAL YEAR
AS OF 9/81

CHAIN I.D. NUMBER	NAME OF CHAIN	CHAIN RANK	CHAIN AVERAGE PER DIEM PAYMENTS	NUMBER OF PROVIDERS IN CHAIN	NUMBER OF COVERED DAYS	MEDICARE REIMBURSEMENT (000s)
04310	Doctors Hospital of America	1	$ 408	1	12981	$ 5292
08393	Humanex	2	404	2	16255	6569
14130	Para Celsus Medical Center (Ramada Medical Center)	3	402	7	41084	16511
00627	American Hospital Management Corp	4	375	2	10209	3827
16276	Summit Health Ltd.	5	361	5	65184	23527
17125	Universal Health Services	6	314	4	69099	21717
00535	American Health Care Management	7	290	5	51949	15073
14010	Qualicare Inc.	8	289	3	27838	8045
02260	Western Hospital Corp	9	281	3	13211	3782
08430	Huntington Health Services	10	271	4	24977	6779
12110	National Medical Enterprises	11	259	9	158656	41152
11630	Monterey Life Systems	12	247	3	25917	6406
00940	American Medical International	13	244	52	654607	160025
08040	Hospital Affiliates International	14	241	36	450893	108831
03010	Charter Medical	15	237	24	145192	34366
14910	Sierra Nevada Memorial Hospital	16	235	2	15116	3547
05892	Gateway Hospital Management	17	231	3	44868	10353
16007	Southern Health Services	18	227	6	32998	7502
08330	Humana	19	223	85	1291887	288081
15980	Southwest Medical Investment	20	207	2	30704	6349
04510	Brunswick Hospital Center	21	205	4	50499	10358
04552	Dr. Milton Stapen	22	204	1	33101	6750
07890	Hospital Corp of America	23	201	98	1583063	317629
12783	North American Services Inc.	24	195	4	37373	7296
02050	Brookwood Medical Center	25	195	8	108434	21092
03760	Continued Care Facilities	26	194	2	37339	7251
00140	Advance Health Systems	27	193	13	18751	3616
10400	Lifemark Corp	28	190	20	224536	42737
07500	Hillhaven Corp	29	162	6	22168	3602
03560	Community Psychiatric Centers	30	100	12	35279	3545
			$ 225	426	5334168	$ 1201610

TABLE VII
PER DIEM REIMBURSEMENT FOR NON-PROFIT HOSPITAL CHAINS - RELIGIOUS - PAID OVER $3 MILLION
IN MOST RECENT FISCAL YEAR
AS OF 9/81

CHAIN I.D. NUMBER	NAME OF CHAIN	CHAIN RANK	CHAIN AVERAGE PER DIEM PAYMENTS	NUMBER OF PROVIDERS IN CHAIN	NUMBER OF COVERED DAYS	MEDICARE REIMBURSEMENT (000s)
15180	Catholic Health Corp	31	$ 224	14	301466	$ 67474
16990	Sisters of 3rd Order of St. Francis	32	224	6	143026	32081
15030	Sisters of Charity-Incarnate Word	33	221	14	448842	99301
15762	Presention Sisters Central Adm. Services	34	221	4	74997	16543
15340	Sisters of St. Francis, Colorado Springs	35	218	5	133469	29123
15421	Sisters of St. Francis Health Service Corp	36	216	8	363576	78507
15440	Sisters of St. Francis of Philadelphia	37	211	11	381873	80673
15640	Sisters of St. Joseph Coordinated Service	38	211	8	126765	26711
01580	Baptist Medical Center	39	203	3	140708	28546
15430	Sisters of St. Francis of Penance and Christ	40	201	3	25351	5084
15010	Sisters of Bon Secours Health	41	199	4	163748	32566
13660	Ancillo Domino Health Service	42	199	7	210242	41896
11375	Minn Synod-Lutheran Church	43	198	2	32533	6444
12670	Sisters of Charity-Nazareth	44	194	7	248837	48240
15210	Sisters of Mercy of the Union (Prov./Cin.)	45	192	11	327058	62809
09650	Lutheran Hospital & Home Society of America	46	191	51	237034	45290
01402	Assoc. Franciscan Health Service	47	191	8	273522	52302
15680	Sisters of St. Mary	48	187	12	281696	52690
08290	Hospital Sisters Health Systems	49	186	12	445655	82857
01555	Baptist Hospital Fund	50	184	3	58423	10722
13110	Baptist Health Care Corp	51	184	7	54684	10051
15095	Sisters of Charity of Incarnate Word	52	183	7	316267	57866
05670	Franciscan Sisters of Little Falls	53	183	4	38548	7069
01560	Baptist Hospitals Inc.	54	180	4	146670	26369
15250	Sisters of Mercy-Province of St. Louis	55	177	12	353187	62396
01570	Baptist Medical Center System	56	164	3	120787	19780
06519	Great Plains Lutheran Hospitals	57	149	21	64395	9600
			$ 228	459	11562302	$ 2641627

TABLE VIII
PER DIEM REIMBURSEMENT FOR NON-PROFIT HOSPITAL CHAINS - OTHER - PAID OVER $3 MILLION
IN MOST RECENT FISCAL YEAR
AS OF 9/81

CHAIN I.D. NUMBER	NAME OF CHAIN	CHAIN RANK	CHAIN AVERAGE PER DIEM PAYMENTS	NUMBER OF PROVIDERS IN CHAIN	NUMBER OF COVERED DAYS	MEDICARE REIMBURSEMENT (000s)
17291	Vesper Society	1	$ 373	1	14172	$ 5282
04595	Duke University Medical Center	2	369	3	84506	31142
06305	Harper Grace Hospitals	3	323	2	155082	50089
11210	Metropolitan Hospitals Inc.	4	306	4	79174	24264
17175	University of Miami	5	305	2	15068	4598
11245	Michigan Osteopathic Medical Center	6	277	4	38106	10564
16348	SW Washington Service	7	272	2	26905	7313
04970	Eskaton Corp	8	265	4	40344	10709
09180	Kaiser Foundation Health Plan	9	259	26	378109	98099
16290	Sunny Acres Villa Inc.	10	255	1	58066	14791
05173	Fairfax Hospital Assn.	11	250	3	72671	18181
07180	Health Centers Inc.	12	249	7	59068	14724
17098	United Hospitals Inc.	13	245	3	53679	13147
17749	William Beaumont Corp	14	243	2	124290	30142
04310	Detroit Osteopathic Hospital	15	242	3	79831	19350
11205	Metropolitan Hospitals Inc.	16	236	2	16769	3951
16250	Stewards Foundation	17	234	5	58345	13629
04465	Dominican Health Services	18	233	3	30726	7145
08640	Intermountain Health Care	19	232	18	195954	45408
10570	Medical Center Hospitals	20	230	2	111089	25606
04305	Detroit Macomb Hospital Assn.	21	219	2	66376	14527
13730	Southwest Community Health	22	216	11	111315	24063
15960	Southwestern Michigan Health Assn.	23	214	2	29680	6348
14649	Salvation Army Territorial Hq.	24	203	2	14998	3047
05190	Fairview Community Hospitals	25	199	5	100449	20013
07290	Health Services Inc.	26	193	3	24099	4647
16112	Missouri-Pacific Emp. Health Assn.	27	181	2	32578	5898
14393	Roanoke Memorial Hospital	28	178	4	97198	17308
06580	Greenville Hospital Systems	29	155	6	103954	16122
01300	Appalachian Regional Hospitals	30	140	10	121323	16941
			$ 241	144	2393924	$ 577048

TABLE IX
PER DIEM REIMBURSEMENT FOR NON-PROFIT HOSPITAL CHAINS - GOVERNMENT - PAID OVER $3 MILLION
IN MOST RECENT FISCAL YEAR
AS OF 9/81

CHAIN I.D. NUMBER	NAME OF CHAIN	CHAIN RANK	CHAIN AVERAGE PER DIEM PAYMENTS	NUMBER OF PROVIDERS IN CHAIN	NUMBER OF COVERED DAYS	MEDICARE REIMBURSEMENT (000s)
09320	Los Angeles County Department of Health	1	$ 473	7	85557	$ 40488
12766	San Diego County Hospital District	2	307	2	52427	16120
17180	University of New Mexico	3	278	2	14849	4122
11045	Memphis-Shelby County Hospital	4	264	1	23040	6083
17380	Wake County Medical Center Inc.	5	222	5	46574	10356
13480	Peoples Community Hospital	6	211	5	133425	28170
12784	No. Broward Hospital District	7	195	3	155120	30177
02980	Charlotte Mecklenburg Hospitals	8	181	4	99767	18086
09339	State of Louisiana Health & Human Resources	9	165	14	131977	21767
11420	Mississippi County Hospital	10	155	2	25954	4029
03360	Commonwealth of Pennsylvania	11	149	20	180361	26789
16206	Maryland Department of Fiscal Affairs	12	77	10	58305	4512
12040	New York City Department of Mental Health	13	76	8	60901	4622
			$ 202	83	1068257	$ 215321

TABLE X

CHAIN SKILLED NURSING FACILITIES (SNFs)
WITH MORE THAN ½ MILLION DOLLARS IN MEDICARE INPATIENT REIMBURSEMENTS
MOST CURRENT FISCAL YEAR AS OF 9/81

ID No.	Name of Chain	Non Profit N- P- Profit	Chain Average Per Diem Reimbursement	Number of SNFs In Chain	Number of Covered Days	Total Payments (000s)
00150	American Health Care	P	$ 60.50	46	268,988	$16,724.0
07590	Hillhaven Inc.	P	55.31	87	243,553	13,471.0
	Beverly Enterprises Inc.					
01770	Beverly Enterprises	P	53.57	47	95,086	5,094.2
08500	Hylon	P	37.38	32	10,702	400.0
05820	Friendship Villa	P	33.89	3	4,075	138.1
09471	Leisure Lodges	P	40.78	13	19,463	793.7
10640	Medical Investors	P	33.36	7	5,741	191.5
13170	Progressive Medical	P	38.51	3	296	11.4
	Subtotal		48.97	105	135,363	6,628.9
12230	National Health Corp.	P	42.77	32	82,430	3,525.3
10020	Manor Care Inc.	P	45.24	22	76,947	3,481.1
15030	Srs. of Charity of Incarnate Word (1)	N	116.62	2	24,837	2,896.4
15680	Srs. of St. Mary (1)	N	134.15	1	21,156	2,838.0
09420	Leader Nursing Center	P	42.05	14	52,850	2,222.3
09232	Kent Community Board of Institutions	N	72.00	1	30,797	2,217.5
00620	AID Health Care Centers	P	41.21	16	47,042	1,938.6
04438	Doctor's Hospital of America	P	51.06	4	35,469	1,811.1
00750	American Medical Affiliates	P	39.24	27	45,968	1,803.9
01340	Aristocrat Mgmt. Services	P	57.02	6	28,640	1,633.1
08290	Hospital Srs. Health Systems (1)	N	93.85	1	16,825	1,579.1
17780	Wilmac Corp.	P	61.79	3	22,657	1,400.0
09180	Kaiser Foundation Hospital (1)	N	114.72	2	10,812	1,240.4
17670	Western Medical Enterprises	P	40.73	35	21,146	861.3
16920	Health Care Mgmt. Inc.	P	39.45	22	19,792	780.7
12320	National Health Enterprise	P	43.27	16	15,055	651.4
16974	Unifour Medical Mgmt.	P	43.82	12	13,096	573.9
	Total Above		$ 56.27	454	1,213,423	$68,278.0
	Total - All SNFs - See Table II		$ 50.33		2,537,743	$127,726.6
	Listed Chains as % of all Chains				48%	53%

SAMPLE

• • C H A I N •0231003366070104 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT • SUMMARY REPORT • ALL BILLS PAGE NO. 19
CHAIN NUMBER 003201•••
CROSS REFERENCE
BILL CUTOFF DATE SEP 30, 1981
ALEXIAN BROTHERS OF AMERIC
850 W BIESTERFIELD RD
ELK GROVE VILLAGE IL 60007
CERTIFICATION DATE - -
TERMINATION DATE - -
PROVIDER NUMBER
CROSS REFERENCE

PART A INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
COV. ACCOMODATION CHG	8,487,917	20,531,509	17,851,193	15,760,339
INTENSIVE CARE	644,035	1,568,204	1,391,555	1,545,674
CORONARY CARE	1,007,483	2,000,153	1,704,135	1,409,150
COV. ANCILLARY CHGS -				
BLOOD		64,148	64,126	43,400
OPERATING ROOM	867,720	1,957,905	1,541,612	1,252,840
ANESTHESIA	225,919	443,502	366,642	313,501
OUTPATIENT SERVICES	172,063	361,758	279,858	223,180
BLOOD ADMINISTRATION	126,292	310,569	303,550	222,677
PHARMACY	1,490,901	3,310,386	2,926,252	2,184,036
RADIOLOGY PART A	6,865	9,109	11,563	14,312
RADIOLOGY PART B	1,064,405	2,206,146	1,797,941	1,548,734
LABORATORY PART A	13,716	21,379	23,605	23,702
LABORATORY PART B	1,626,524	4,051,418	3,596,264	2,829,736
MED. SURG. SUPPLIES	1,277,297	2,518,515	1,973,275	1,495,841
PHYSICAL THERAPY	268,968	572,954	518,102	381,045
OCCUPATIONAL THERAPY	111,978	184,890	182,330	111,176
SPEECH THERAPY	30,449	46,399	29,672	6,093
INHALATION THERAPY	1,160,608	2,223,365	1,842,910	1,682,912
OTHER	1,189,393	2,436,273	1,990,311	1,645,835
TOTAL COVERED CHARGES	18,121,023	41,250,234	35,299,215	29,739,366
INPATIENT DEDUCTIBLE	554,788	1,335,997	1,129,075	963,599
BLOOD DEDUCTIBLE		33,402	33,405	22,030
COINSURANCE	147,294	467,605	415,854	341,066
REIMBURSEMENT AMOUNT	12,568,644	29,136,818	24,974,416	21,992,437
RETRO LUMP SUM REIMB				
LIFE RESERV DAYS USED	693	2,612	2,782	2,518
COVERED DAYS	44,887	127,720	122,403	116,969
BLOOD DEDUCTBLE PINTS		595.0	663.0	552.0
BLOOD REPLACED PINTS	1,016.0	1,837.0	2,039.0	1,520.0
TOTAL BILLS FORM 1453	3,993	10,717	10,098	9,581
PART A INPATIENT STATISTICS				
PER DIEM CHARGE	403.70	322.97	288.38	254.24
PER DIEM REIMBURSMENT	295.64	242.51	216.92	199.36
REIMB AS % OF CHARGES	73.23	75.08	75.22	78.41
INTERMEDIARY PAYMNT -				
PER DIEM	280.00	228.13	204.03	188.01
PAYMENT AS % OF CHGS	69.35	70.63	70.75	73.95

PART B INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
LABORATORY	40,655	111,189	92,777	71,139
RADIOLOGY	16,489	49,406	39,842	25,072
PHYSICAL THERAPY	1,643	7,592	8,676	10,646
OTHER	8,616	43,659	50,300	42,669
TOTAL COVERED CHARGES	67,404	211,848	191,595	149,526
CASH DEDUCTIBLE	595	1,432	2,204	1,192
COINSURANCE	12,809	39,716	35,979	28,635
PAYMENT DSTRIBUTION -				
PROVIDER	53,449	167,699	150,284	118,049
PATIENT	152			
TOTAL	53,601	167,699	150,284	118,049
PRT B OUTPATIENT DATA				
CLINIC	19,197	33,790	27,584	16,053
EMERGENCY	140,767	291,886	253,377	208,155
LABORATORY	146,208	346,820	301,843	212,310
RADIOLOGY	244,042	473,831	394,727	319,059
PHARMACY	6,822	19,701	15,967	8,824
BLOOD		6,927	3,911	770
AMBULANCE			166	128
PHYSICAL THERAPY	21,138	58,199	48,163	37,895
OTHER	152,785	884,677	604,535	195,932
TOTAL COVERED CHARGES	730,961	2,115,834	1,650,276	999,128
BLOOD DEDUCTIBLE				
CASH DEDUCTIBLE	120,660	221,459	213,046	186,591
COINSURANCE	122,051	377,387	285,934	161,740
PAYMENT DSTRIBUTION -				
PROVIDER	485,469	1,505,821	1,139,993	642,588
PATIENT	2,835	3,368	3,311	4,368
TOTAL	488,304	1,509,190	1,143,304	646,957
OCCASIONS OF SERVICE				
CLINIC VISITS	652	1,269	1,322	1,020
EMERGENCY VISITS	3,894	8,760	10,361	7,489
BLOOD REPLACED PINTS				
TOTAL BILLS FORM 1483	7,981	19,323	18,201	15,203
PART B INPATIENT STATISTICS				
REIMB AS % OF CHARGES	99.40	98.58	98.36	98.89
PART B OUTPATIENT				
REIMB AS % OF CHARGES	100.00	99.63	99.51	99.61

Attachment 1

SAMPLE

CHAIN NUMBER 003201•••
BILL CUTOFF DATE SEP 30, 1981
CROSS REFERENCE
ALEXIAN BROTHERS OF AMERIC
850 W BIESTERFIELD RD
PROVIDER NUMBER
ELK GROVE VILLAGE IL 60007
CERTIFICATION DATE - -
CROSS REFERENCE
TERMINATION DATE - -

PART A INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
COV. ACCOMODATION CHG	8,487,917	20,531,509	17,851,193	15,760,339
INTENSIVE CARE	644,035	1,568,204	1,391,555	1,545,674
CORONARY CARE	1,007,483	2,000,153	1,704,135	1,409,150
COV. ANCILLARY CHGS -				
BLOOD		64,148	64,126	43,400
OPERATING ROOM	867,720	1,957,905	1,541,612	1,252,840
ANESTHESIA	225,919	443,502	366,642	313,501
OUTPATIENT SERVICES	172,063	361,758	279,858	223,180
BLOOD ADMINISTRATION	126,292	310,569	303,550	222,677
PHARMACY	1,490,901	3,310,386	2,926,252	2,184,036
RADIOLOGY PART A	6,865	9,109	11,563	14,312
RADIOLOGY PART B	1,064,405	2,206,146	1,797,941	1,548,734
LABORATORY PART A	13,716	21,379	23,605	23,702
LABORATORY PART B	1,626,524	4,051,418	3,596,264	2,829,736
MED. SURG. SUPPLIES	1,277,297	2,518,515	1,973,275	1,495,841
PHYSICAL THERAPY	268,968	572,954	518,102	381,045
OCCUPATIONAL THERAPY	111,978	184,890	182,330	111,176
SPEECH THERAPY	30,449	46,399	29,672	6,093
INHALATION THERAPY	1,160,608	2,223,365	1,842,910	1,682,912
OTHER	1,189,393	2,436,273	1,990,311	1,645,835
TOTAL COVERED CHARGES	18,121,023	41,250,234	35,299,215	29,739,366
INPATIENT DEDUCTIBLE	554,788	1,335,997	1,129,075	963,599
BLOOD DEDUCTIBLE		33,402	33,405	22,030
COINSURANCE	147,294	467,605	415,854	341,066
REIMBURSEMENT AMOUNT	12,568,644	29,136,818	24,974,416	21,992,437
RETRO LUMP SUM REIMB				
LIFE RESERV DAYS USED	693	2,612	2,782	2,518
COVERED DAYS	44,887	127,720	122,403	116,969
BLOOD DEDUCTBLE PINTS		595.0	663.0	552.0
BLOOD REPLACED PINTS	1,016.0	1,837.0	2,039.0	1,520.0
TOTAL BILLS FORM 1453	3,993	10,717	10,096	9,581
PART A INPATIENT STATISTICS				
PER DIEM CHARGE	403.70	322.97	288.38	254.24
PER DIEM REIMBURSMENT	295.64	242.51	216.92	199.36
REIMB AS % OF CHARGES	73.23	75.08	75.22	78.41
INTERMEDIARY PAYMNT -				
PER DIEM	280.00	228.13	204.03	188.01
PAYMENT AS % OF CHGS	69.35	70.63	70.75	73.95

PART B INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
LABORATORY	40,655	111,189	92,777	71,139
RADIOLOGY	16,489	49,406	39,842	25,072
PHYSICAL THERAPY	1,643	7,592	8,676	10,646
OTHER	8,616	43,659	50,300	42,669
TOTAL COVERED CHARGES	67,404	211,848	191,595	149,526
CASH DEDUCTIBLE	595	1,432	2,204	1,192
COINSURANCE	12,809	39,716	35,979	28,635
PAYMENT DSTRIBUTION -				
PROVIDER	53,449	167,699	150,284	118,049
PATIENT	152			
TOTAL	53,601	167,699	150,284	118,049
PRT B OUTPATIENT DATA				
CLINIC	19,197	33,790	27,584	16,053
EMERGENCY	140,767	291,886	253,377	208,155
LABORATORY	146,208	346,820	301,843	212,310
RADIOLOGY	244,042	473,631	394,727	319,059
PHARMACY	6,822	19,701	15,967	8,824
BLOOD		6,927	3,911	770
AMBULANCE			166	128
PHYSICAL THERAPY	21,138	58,199	48,163	37,895
OTHER	152,785	884,677	604,535	195,932
TOTAL COVERED CHARGES	730,961	2,115,834	1,650,276	999,128
BLOOD DEDUCTIBLE				
CASH DEDUCTIBLE	120,660	221,459	213,046	186,591
COINSURANCE	122,051	377,387	285,934	161,740
PAYMENT DSTRIBUTION -				
PROVIDER	485,469	1,505,821	1,139,993	642,588
PATIENT	2,835	3,368	3,311	4,368
TOTAL	488,304	1,509,190	1,143,304	646,957
OCCASIONS OF SERVICE				
CLINIC VISITS	652	1,269	1,322	1,020
EMERGENCY VISITS	3,894	8,760	10,361	7,489
BLOOD REPLACED PINTS				
TOTAL BILLS FORM 1483	7,981	19,323	18,201	15,203
PART B INPATIENT STATISTICS				
REIMB AS % OF CHARGES	99.40	98.58	98.36	98.89
PART B OUTPATIENT				
REIMB AS % OF CHARGES	100.00	99.63	99.51	99.61

Attachment 1 (Cont.)

SAMPLE

CHAIN NUMBER 003201•••
CROSS REFERENCE

PROVIDER NUMBER
CROSS REFERENCE

BILL CUTOFF DATE SEP 30, 1981
ALEXIAN BROTHERS OF AMERIC
850 W BIESTERFIELD RD
ELK GROVE VILLAGE IL 60007

CERTIFICATION DATE - -
TERMINATION DATE - -

PART A INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
COV. ACCOMODATION CHG	8,487,917	20,531,509	17,851,193	15,760,339
INTENSIVE CARE	644,035	1,568,204	1,391,555	1,545,674
CORONARY CARE	1,007,483	2,000,153	1,704,135	1,409,150
COV. ANCILLARY CHGS -				
BLOOD		64,148	64,126	43,400
OPERATING ROOM	867,720	1,957,905	1,541,612	1,252,840
ANESTHESIA	225,919	443,502	366,642	313,501
OUTPATIENT SERVICES	172,063	361,758	279,858	223,180
BLOOD ADMINISTRATION	126,292	310,569	303,550	222,677
PHARMACY	1,490,901	3,310,386	2,926,252	2,184,036
RADIOLOGY PART A	6,865	9,109	11,563	14,312
RADIOLOGY PART B	1,064,405	2,206,146	1,797,941	1,548,734
LABORATORY PART A	13,716	21,379	23,605	23,702
LABORATORY PART B	1,626,524	4,051,418	3,596,264	2,829,736
MED. SURG. SUPPLIES	1,277,297	2,518,515	1,973,275	1,495,841
PHYSICAL THERAPY	268,968	572,954	518,102	381,045
OCCUPATIONAL THERAPY	111,978	184,890	182,330	111,176
SPEECH THERAPY	30,449	46,399	29,672	6,093
INHALATION THERAPY	1,160,608	2,223,365	1,842,910	1,682,912
OTHER	1,189,393	2,436,273	1,990,311	1,645,835
TOTAL COVERED CHARGES	18,121,023	41,250,234	35,299,215	29,739,366
INPATIENT DEDUCTIBLE	554,788	1,335,997	1,129,075	963,599
BLOOD DEDUCTIBLE		33,402	33,405	22,030
COINSURANCE	147,294	467,605	415,854	341,066
REIMBURSEMENT AMOUNT	12,568,644	29,136,818	24,974,416	21,992,437
RETRO LUMP SUM REIMB				
LIFE RESERV DAYS USED	693	2,612	2,782	2,518
COVERED DAYS	44,887	127,720	122,403	116,969
BLOOD DEDUCTBLE PINTS		595.0	663.0	552.0
BLOOD REPLACED PINTS	1,016.0	1,837.0	2,039.0	1,520.0
TOTAL BILLS FORM 1453	3,993	10,717	10,098	9,581
PART A INPATIENT STATISTICS				
PER DIEM CHARGE	403.70	322.97	288.38	254.24
PER DIEM REIMBURSMENT	295.64	242.51	216.92	199.36
REIMB AS % OF CHARGES	73.23	75.08	75.22	78.41
INTERMEDIARY PAYMNT -				
PER DIEM	280.00	228.13	204.03	188.01
PAYMENT AS % OF CHGS	69.35	70.63	70.75	73.95

PART B INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
LABORATORY	40,655	111,189	92,777	71,139
RADIOLOGY	16,489	49,408	39,842	25,072
PHYSICAL THERAPY	1,643	7,592	8,676	10,648
OTHER	8,616	43,659	50,300	42,669
TOTAL COVERED CHARGES	67,404	211,848	191,595	149,526
CASH DEDUCTIBLE	595	1,432	2,204	1,192
COINSURANCE	12,809	39,716	35,979	28,635
PAYMENT DSTRIBUTION -				
PROVIDER	53,449	167,699	150,284	118,049
PATIENT	152			
TOTAL	53,601	167,699	150,284	118,049
PRT B OUTPATIENT DATA				
CLINIC	19,197	33,790	27,584	18,083
EMERGENCY	140,767	291,886	253,377	208,155
LABORATORY	146,208	346,820	301,843	212,310
RADIOLOGY	244,042	473,831	394,727	319,059
PHARMACY	6,822	19,701	15,967	6,824
BLOOD		6,927	3,911	770
AMBULANCE			186	128
PHYSICAL THERAPY	21,138	58,199	48,163	37,895
OTHER	152,785	884,677	804,535	195,932
TOTAL COVERED CHARGES	730,961	2,115,834	1,850,276	999,128
BLOOD DEDUCTIBLE				
CASH DEDUCTIBLE	120,660	221,459	213,046	186,591
COINSURANCE	122,051	377,387	285,934	161,740
PAYMENT DSTRIBUTION -				
PROVIDER	485,469	1,505,821	1,139,993	642,588
PATIENT	2,835	3,368	3,311	4,368
TOTAL	488,304	1,509,190	1,143,304	646,957
OCCASIONS OF SERVICE				
CLINIC VISITS	652	1,269	1,322	1,020
EMERGENCY VISITS	3,894	8,760	10,361	7,489
BLOOD REPLACED PINTS				
TOTAL BILLS FORM 1483	7,981	19,323	18,201	15,203
PART B INPATIENT STATISTICS				
REIMB AS % OF CHARGES	99.40	98.58	98.36	98.89
PART B OUTPATIENT				
REIMB AS % OF CHARGES	100.00	99.63	99.51	99.61

Attachment 1 (Cont.)

SAMPLE

CHAIN NUMBER 006201•••
CROSS REFERENCE
BILL CUTOFF DATE SEP 30, 1981
A I D HEALTH CARE CENTERS
985 OLD EAGLE SCHOOL RD PO
PROVIDER NUMBER WAYNE PA 19087 CERTIFICATION DATE - -
CROSS REFERENCE TERMINATION DATE - -

PART A INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
COV. ACCOMODATION CHG	1,135,326	1,852,234	1,829,504	1,989,998
COV. ANCILLARY CHGS -				
BLOOD				
BLOOD ADMINISTRATION		47	126	127
PHARMACY	75,182	130,618	135,161	150,814
RADIOLOGY	1,019	949	1,269	601
LABORATORY	7,054	16,524	18,782	21,295
MED. SURG. SUPPLIES	69,331	120,309	124,448	120,164
PHYSICAL THERAPY	300,158	427,374	405,770	435,614
OCCUPATIONAL THERAPY	114,857	137,899	105,283	97,244
SPEECH THERAPY	33,001	47,342	34,583	23,764
INHALATION THERAPY				
OTHER	22,329	42,431	74,609	42,109
TOTAL COVERED CHARGES	1,758,259	2,775,730	2,729,540	2,881,734
BLOOD DEDUCTIBLE				
COINSURANCE	398,498	628,246	615,192	630,157
REIMBURSEMENT AMOUNT	699,361	1,310,345	1,226,203	1,353,861
RETRO LUMP SUM REIMB				
COVERED DAYS	26,361	47,042	51,139	60,492
BLOOD DEDUCTBLE PINTS				
BLOOD REPLACED PINTS				
TOTAL BILLS	1,426	2,522	2,731	3,287

PART B INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
LABORATORY	22,058	42,116	36,905	27,608
RADIOLOGY	306	287	592	351
PHYSICAL THERAPY	272,673	349,058	406,322	327,671
OTHER	118,952	244,821	145,227	73,776
TOTAL COVERED CHARGES	413,991	636,285	589,047	429,407
CASH DEDUCTIBLE	16,352	16,975	15,304	9,588
COINSURANCE	79,527	123,861	114,748	83,963
PAYMENT DSTRIBUTION -				
PROVIDER	300,346	473,556	457,580	335,325
PATIENT			134	417
TOTAL	300,346	473,556	457,684	335,742
PRT B OUTPATIENT DATA				
LABORATORY	7,288	14,257	10,833	3,467
RADIOLOGY	310	222	45	116
AMBULANCE	210	1,547	6,537	4,341
PHYSICAL THERAPY	114,524	140,748	99,299	95,690
OTHER	15,753	41,580	44,383	33,325
TOTAL COVERED CHARGES	138,085	198,356	161,098	136,940
CASH DEDUCTIBLE	5,412	4,611	4,359	7,185
COINSURANCE	26,534	36,769	31,347	25,950
PAYMENT DSTRIBUTION -				
PROVIDER	88,147	142,267	125,255	103,754
PATIENT			10	
TOTAL	88,147	142,267	125,265	103,754
TOTAL BILLS	3,076	5,305	5,047	3,962

PART A INPATIENT STATISTICS				
PER DIEM ACCOMODATION	43.06	39.37	35.77	32.89
PER DIEM ANCILLARY	23.63	19.63	17.59	14.74
PER DIEM TOTAL CHARGE	66.69	59.00	53.37	47.63
PER DIEM REIMBURSMENT	41.64	41.20	36.00	32.79
REIMB AS % OF CHARGES	62.44	69.84	67.46	68.84
INTERMEDIARY PAYMNT -				
PER DIEM	26.53	27.85	23.97	22.38
PAYMENT AS % OF CHGS	39.77	47.20	44.92	46.98

Attachment 2

SAMPLE

CHAIN NUMBER 006201***
CROSS REFERENCE

BILL CUTOFF DATE SEP 30, 1981
A I D HEALTH CARE CENTERS
985 OLD EAGLE SCHOOL RD PO
WAYNE PA 19087

CERTIFICATION DATE - -
TERMINATION DATE - -

PROVIDER NUMBER
CROSS REFERENCE

PART A INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
COV. ACCOMODATION CHG	1,135,326	1,852,234	1,829,504	1,989,998
COV. ANCILLARY CHGS -				
BLOOD				
BLOOD ADMINISTRATION		47	126	127
PHARMACY	75,182	130,616	135,161	150,814
RADIOLOGY	1,019	949	1,269	601
LABORATORY	7,054	16,524	18,782	21,295
MED. SURG. SUPPLIES	69,331	120,309	124,448	120,164
PHYSICAL THERAPY	300,158	427,374	405,770	435,614
OCCUPATIONAL THERAPY	114,857	137,899	105,283	97,244
SPEECH THERAPY	33,001	47,342	34,583	23,764
INHALATION THERAPY				
OTHER	22,329	42,431	74,609	42,109
TOTAL COVERED CHARGES	1,758,259	2,775,730	2,729,540	2,881,734
BLOOD DEDUCTIBLE				
COINSURANCE	398,498	628,246	615,192	630,157
REIMBURSEMENT AMOUNT	699,361	1,310,345	1,226,203	1,353,861
RETRO LUMP SUM REIMB				
COVERED DAYS	26,361	47,042	51,139	60,492
BLOOD DEDUCTBLE PINTS				
BLOOD REPLACED PINTS				
TOTAL BILLS	1,426	2,522	2,731	3,287

PART B INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
LABORATORY	22,058	42,116	36,905	27,608
RADIOLOGY	306	287	592	351
PHYSICAL THERAPY	272,673	349,058	406,322	327,671
OTHER	118,952	244,821	145,227	73,776
TOTAL COVERED CHARGES	413,991	636,285	589,047	429,407
CASH DEDUCTIBLE	16,352	16,975	15,304	9,588
COINSURANCE	79,527	123,861	114,748	83,963
PAYMENT DSTRIBUTION -				
PROVIDER	300,346	473,556	457,550	335,325
PATIENT			134	417
TOTAL	300,346	473,556	457,684	335,742
PRT B OUTPATIENT DATA				
LABORATORY	7,288	14,257	10,833	3,467
RADIOLOGY	310	222	45	116
AMBULANCE	210	1,547	6,537	4,341
PHYSICAL THERAPY	114,524	140,748	99,299	95,690
OTHER	15,753	41,580	44,383	33,325
TOTAL COVERED CHARGES	138,085	198,356	161,098	136,940
CASH DEDUCTIBLE	5,412	4,511	4,359	7,185
COINSURANCE	26,534	38,769	31,347	25,950
PAYMENT DSTRIBUTION -				
PROVIDER	88,147	142,267	125,255	103,754
PATIENT			10	
TOTAL	88,147	142,267	125,265	103,754
TOTAL BILLS	3,078	5,908	5,047	3,982

PART A INPATIENT STATISTICS				
PER DIEM ACCOMODATION	43.06	39.37	35.77	32.89
PER DIEM ANCILLARY	23.63	19.63	17.59	14.74
PER DIEM TOTAL CHARGE	66.69	59.00	53.37	47.63
PER DIEM REIMBURSMENT	41.64	41.20	36.00	32.79
REIMB AS % OF CHARGES	62.44	69.84	67.46	68.84
INTERMEDIARY PAYMNT -				
PER DIEM	26.53	27.85	23.97	22.38
PAYMENT AS % OF CHGS	39.77	47.20	44.92	46.98

Attachment 2 (Cont.)

SAMPLE

* * C H A I N *055253067910100 4 S. N. F. STATISTICAL AND REIMBURSEMENT REPORT * SUMMARY REPORT * ALL BILLS PAGE NO. 51

CHAIN NUMBER 006201***
CROSS REFERENCE
BILL CUTOFF DATE SEP 30, 1981
A I D HEALTH CARE CENTERS
985 OLD EAGLE SCHOOL RD PO
PROVIDER NUMBER WAYNE PA 19087 CERTIFICATION DATE - -
CROSS REFERENCE TERMINATION DATE - -

PART A INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
COV. ACCOMODATION CHG	1,135,326	1,852,234	1,829,504	1,989,998
COV. ANCILLARY CHGS -				
BLOOD				
BLOOD ADMINISTRATION		47	126	127
PHARMACY	75,182	130,616	135,161	150,814
RADIOLOGY	1,019	949	1,269	601
LABORATORY	7,054	16,524	18,782	21,295
MED. SURG. SUPPLIES	69,331	120,309	124,448	120,164
PHYSICAL THERAPY	300,158	427,374	405,770	435,614
OCCUPATIONAL THERAPY	114,857	137,899	105,283	97,244
SPEECH THERAPY	33,001	47,342	34,583	23,764
INHALATION THERAPY				
OTHER	22,329	42,431	74,609	42,109
TOTAL COVERED CHARGES	1,758,259	2,775,730	2,729,540	2,881,734
BLOOD DEDUCTIBLE				
COINSURANCE	398,498	628,246	615,192	630,157
REIMBURSEMENT AMOUNT	699,361	1,310,345	1,226,203	1,353,861
RETRO LUMP SUM REIMB				
COVERED DAYS	26,361	47,042	51,139	60,492
BLOOD DEDUCTBLE PINTS				
BLOOD REPLACED PINTS				
TOTAL BILLS	1,426	2,522	2,731	3,287

PART B INPATIENT DATA	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
LABORATORY	22,058	42,116	36,905	27,608
RADIOLOGY	306	287	592	351
PHYSICAL THERAPY	272,673	349,058	406,322	327,671
OTHER	118,952	244,821	145,227	73,776
TOTAL COVERED CHARGES	413,991	636,285	589,047	429,407
CASH DEDUCTIBLE	16,352	16,975	15,304	9,588
COINSURANCE	79,527	123,861	114,748	83,063
PAYMENT DSTRIBUTION -				
PROVIDER	300,346	473,556	457,550	335,325
PATIENT			134	417
TOTAL	300,346	473,556	457,684	335,742
PRT B OUTPATIENT DATA				
LABORATORY	7,288	14,257	10,833	3,467
RADIOLOGY	310	222	45	116
AMBULANCE	210	1,547	6,537	4,341
PHYSICAL THERAPY	114,524	140,748	99,299	95,690
OTHER	15,753	41,580	44,383	33,325
TOTAL COVERED CHARGES	138,085	198,356	161,098	136,940
CASH DEDUCTIBLE	5,412	4,511	4,359	7,185
COINSURANCE	26,534	38,769	31,347	25,950
PAYMENT DSTRIBUTION -				
PROVIDER	88,147	142,267	125,255	103,754
PATIENT			10	
TOTAL	88,147	142,267	125,265	103,754
TOTAL BILLS	3,076	5,305	5,047	3,962

PART A INPATIENT STATISTICS				
PER DIEM ACCOMODATION	43.06	39.37	35.77	32.89
PER DIEM ANCILLARY	23.63	19.63	17.59	14.74
PER DIEM TOTAL CHARGE	66.69	59.00	53.37	47.63
PER DIEM REIMBURSMENT	41.64	41.20	36.00	32.79
REIMB AS % OF CHARGES	62.44	69.84	67.46	68.84
INTERMEDIARY PAYMNT -				
PER DIEM	26.53	27.85	23.97	22.38
PAYMENT AS % OF CHGS	39.77	47.20	44.92	46.98

Attachment 2 (Cont.)

SAMPLE

CHAIN NUMBER 078305•••
CROSS REFERENCE

PROVIDER NUMBER
CROSS REFERENCE

BILL CUTOFF DATE SEP 30, 1981
UPJOHN CO (UPJOHN HEALTH C
3651 VAN RICK DRIVE
KALAMAZOO MI 49002

CERTIFICATION DATE - -
TERMINATION DATE - -

		POST HOSPITAL PLAN - PART A				MEDICAL PLAN - PART B			
		YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
FORM SSA-1487									
----------VISITS----------									
21A	SKILLED NURSING CARE	48,808	126,916	68,706	40,791	14,622	47,305	22,986	12,923
21B	PHYSICAL THERAPY	19,138	48,982	25,470	13,556	4,077	14,004	8,224	4,086
21C	SPEECH THERAPY	1,492	4,055	2,598	1,000	573	1,617	1,298	469
21D	OCCUPATIONAL THERAPY	705	2,094	760	315	114	711	203	95
21E	MEDICAL SOCIAL SERVICES	650	1,457	970	722	224	638	427	262
21F	HOME HEALTH AIDE	33,668	88,020	52,141	38,820	9,359	30,735	16,887	12,075
21G	OTHER VISITS	22	25	47	34		6	22	24
21J	TOTAL VISITS	104,483	271,549	150,692	95,238	28,969	95,016	50,047	29,934
----------CHARGES----------									
21A	SKILLED NURSING CARE	2,103,813	5,270,676	2,597,354	1,362,453	621,777	1,979,090	865,437	423,425
21B	PHYSICAL THERAPY	852,022	2,072,379	991,361	452,834	180,773	584,517	318,269	137,141
21C	SPEECH THERAPY	69,938	186,842	110,168	36,639	27,312	73,312	55,404	17,525
21D	OCCUPATIONAL THERAPY	33,981	97,303	31,935	11,347	5,716	32,011	8,551	3,398
21E	MEDICAL SOCIAL SERVICES	30,871	66,374	45,640	28,641	9,657	26,919	18,865	9,843
21F	HOME HEALTH AIDE	1,098,464	2,773,028	1,417,110	905,613	300,284	970,195	454,528	277,430
21G	OTHER VISITS	737	683	1,477	535		189	597	391
21K	OTHER CHARGES	225,002	521,991	220,849	122,324	71,273	225,818	98,688	39,979
21L	TOTAL CHARGES	4,414,830	10,989,281	5,415,895	2,920,390	1,216,795	3,892,054	1,820,341	909,135
	23A DEDUCTIBLE					23,223	38,732	13,595	7,983
	23B COINSURANCE								
NET REIMBURSEMENT FORM 1487		3,428,010	7,962,009	4,101,190	2,458,786	917,692	2,742,412	1,371,661	762,752
TOTAL BILLS FORM 1487		12,075	31,235	17,319	10,919	4,136	13,722	7,186	4,247
	FORM SSA-1483								
	15G AMBULANCE					41			
	15H PHYSICAL THERAPY					118,471	198,123	87,370	29,677
	15I OTHER					12,256	32,778	11,093	2,054
	15J TOTAL					130,768	230,901	98,463	31,731
	24B DEDUCTIBLE					1,445	789	340	80
	24C COINSURANCE					25,864	46,022	13,624	6,334
	NET REIMBURSEMENT FORM 1483					92,178	148,413	46,758	24,234
	TOTAL BILLS FORM 1483					386	680	246	109
	TOTAL REIMB FORMS 1483+1487					1,009,870	2,890,825	1,418,419	786,987
RETROACTIVE LUMP SUM REIMBURSEMENT									
----------	POST HOSPITAL PLAN - PART A STATISTICS					------ MEDICAL PLAN - PART B STATISTICS -----			
SKILLED NURSING CARE - PER VISIT		43.10	41.52	37.80	33.40	42.52	41.83	37.65	32.76
PHYSICAL THERAPY - PER VISIT		44.51	42.30	38.92	33.40	44.33	41.73	38.70	33.86
HOME HEALTH AIDE - PER VISIT		32.62	31.50	27.17	23.32	32.08	31.56	26.91	22.97
AVERAGE CHARGE - PER VISIT		40.10	38.54	34.47	29.37	39.54	38.58	34.40	29.03
AVERAGE REIMBURSEMENT - PER VISIT		30.63	27.39	25.75	24.53	30.01	26.89	25.70	24.41
REIMBURSEMENT AS % OF CHARGES - 1487		77.60	72.45	75.72	84.19	77.32	71.45	76.09	84.77
REIMBURSEMENT AS % OF CHARGES - 1483						91.37	84.54	88.69	96.52
REIMBURSEMENT AS % OF CHARGES 1483+1487						78.69	72.19	76.55	85.17

Attachment 3

SAMPLE

* * C H A I N *0349724880033104 H. H. A. STATISTICAL AND REIMBURSEMENT REPORT * SUMMARY REPORT * ALL BILLS PAGE NO. 171

CHAIN NUMBER 078305***
CROSS REFERENCE

BILL CUTOFF DATE SEP 30, 1981
UPJOHN CO (UPJOHN HEALTH C
3651 VAN RICK DRIVE
KALAMAZOO MI 49002

CERTIFICATION DATE - -
TERMINATION DATE - -

PROVIDER NUMBER
CROSS REFERENCE

		POST HOSPITAL PLAN - PART A				MEDICAL PLAN - PART B			
		YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
FORM SSA-1487									
----------VISITS----------									
21A	SKILLED NURSING CARE	48,808	126,916	68,706	40,791	14,622	47,305	22,986	12,923
21B	PHYSICAL THERAPY	19,138	48,982	25,470	13,556	4,077	14,004	8,224	4,086
21C	SPEECH THERAPY	1,492	4,055	2,598	1,000	573	1,617	1,298	469
21D	OCCUPATIONAL THERAPY	705	2,094	760	315	114	711	203	95
21E	MEDICAL SOCIAL SERVICES	650	1,457	970	722	224	638	427	262
21F	HOME HEALTH AIDE	33,668	88,020	52,141	38,820	9,359	30,735	16,887	12,075
21G	OTHER VISITS	22	25	47	34		6	22	24
21J	TOTAL VISITS	104,483	271,549	150,692	95,238	28,969	95,016	50,047	29,934
----------CHARGES----------									
21A	SKILLED NURSING CARE	2,103,813	5,270,676	2,597,354	1,362,453	621,777	1,979,090	865,437	423,425
21B	PHYSICAL THERAPY	852,022	2,072,379	991,361	452,834	180,773	584,517	318,269	137,141
21C	SPEECH THERAPY	69,938	186,842	110,168	36,639	27,312	73,312	55,404	17,525
21D	OCCUPATIONAL THERAPY	33,981	97,303	31,935	11,347	5,716	32,011	8,551	3,398
21E	MEDICAL SOCIAL SERVICES	30,871	66,374	45,640	28,641	9,657	26,919	18,865	9,843
21F	HOME HEALTH AIDE	1,098,464	2,773,028	1,417,110	905,613	300,284	970,195	454,528	277,430
21G	OTHER VISITS	737	683	1,477	535		189	597	391
21K	OTHER CHARGES	225,002	521,991	220,849	122,324	71,273	225,818	98,688	39,979
21L	TOTAL CHARGES	4,414,830	10,989,281	5,415,895	2,920,390	1,216,795	3,892,054	1,820,341	909,135
	23A DEDUCTIBLE					23,223	38,732	13,595	7,983
	23B COINSURANCE								
NET REIMBURSEMENT FORM 1487		3,426,010	7,962,009	4,101,190	2,458,786	917,692	2,742,412	1,371,681	762,752
TOTAL BILLS FORM 1487		12,075	31,235	17,319	10,919	4,136	13,722	7,186	4,247
	FORM SSA-1483								
	15G AMBULANCE					41			
	15H PHYSICAL THERAPY					118,471	198,123	57,370	29,677
	15I OTHER					12,256	32,778	11,093	2,054
	15J TOTAL					130,768	230,901	68,463	31,731
	24B DEDUCTIBLE					1,445	789	340	60
	24C COINSURANCE					25,864	46,022	13,624	6,334
NET REIMBURSEMENT FORM 1483						92,178	148,413	46,758	24,234
TOTAL BILLS FORM 1483						386	680	246	109
TOTAL REIMB FORMS 1483+1487						1,009,870	2,890,825	1,418,419	786,987
RETROACTIVE LUMP SUM REIMBURSEMENT									
---------- POST HOSPITAL PLAN - PART A STATISTICS ------ MEDICAL PLAN - PART B STATISTICS -----									
SKILLED NURSING CARE - PER VISIT		43.10	41.52	37.80	33.40	42.52	41.83	37.65	32.76
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Attachment 3 (Cont.)

SAMPLE

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	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -	YEAR END - -
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REIMBURSEMENT AS % OF CHARGES 1483+1487					78.69	72.19	76.55	85.17

Attachment 3 (Cont.)

Hospital Chains Not Included in HCFA Listing - Identified by Modern Healthcare - April 1981 Edition

	Hospital Chains	Number of Units Owned/Leased	Managed	Total
*N	Adorers of the Blood of Christ Red Bud, IL	3		3
**P	American Medical Centers Nashville, TN	3		3
P	A.E. Brim & Assoc. Ltd. Portland, OR		36	36
N	Baptist Hosp. & Health Systems Phoenix, AZ	2		2
N	Baptist Memorial Hosp. Systems San Antonio, TX	3		3
N	Baystate Medical Center Springfield, MA	2		2
N	Bernadine Sisters, OSF Villa Nova, PA	3		3
N	Bethesda Hosp. & Deaconess Assn. Cincinnati, OH	2		2
P	Brandow/Johnson Mgmt. Assn. Bangor, ME	7		7
N	Benedictine Sisters Cottonwood, ID	2		2
N	Burlington County Memorial Hosp. Holly, NJ	2	1	3
N	Carolinas Hosp. & Health Services Charlotte, NC		19	19
N	Catholic Medical Center of Brooklyn Jamaica, NY	4		4
N	Christian Hosp. Northeast/west St. Louis, MO	2		2
N	Church-Charity Foundation Garden City, NY	3		3

* N - Non-Profit
** P - Proprietary

Hospital Chains Not Included in HCFA Listing - Identified by Modern Healthcare - April 1981 Edition

	Hospital Chains	Number of Units Owned/Leased	Managed	Total
N	Charleston Area Medical Center Charleston, WV	1	1	2
N	College of Medicine & Denistry Newark, NJ	2		2
N	Cumberland County Hosp. System Fayetteville, NJ	3		3
N	Dominican Sisters Health Services Edmonds, WA	2		2
N	Escambia County Hosp. Board Brewton, AL	3		3
N	Evanston Hospital Evanston, IL	3		3
N	Forbes Health System Pittsburgh, PA	2		2
N	Henry Ford Hospital Detroit, MI	2	3	4
N	Franciscan Sisters of Perpetual Adoration LaCrosse, WI	2	1	3
N	Franciscan Sisters of the Poor Brooklyn, NY	11		11
N	Fulton-Dekalb Hosp. Authority Atlanta, GA	2		2
P	Geisinger Medical Mgmt. Corp. Danville, PA		4	4
N	Harris County Hospital District Houston, TX	2		2
N	Healthwest Foundation Chatsworth, CA	3		3
P	Health America Inc. Louisville, KY	1	2	3

Hospital Chains Not Included in HCFA Listing - Identified by Modern Healthcare - April 1981 Edition

	Hospital Chains	Number of Units Owned/Leased	Managed	Total
P	Hospital Equities Inc. Houston, TX	2		2
N	Hosp. Comm. of Prince Georges County Bowie, MD	2		2
N	Kettering Medical Center Kettering, OH	2		2
N	LaFayette Home Hospital Inc. LaFayette, IN	1	2	3
N	Matagorda County Hosp. District Bay City, TX	2		2
P	Medical Environments Inc. Burbank, CA	2	3	5
N	Memorial Hospitals Inc. Topeka, KS	2		2
N	Memorial Hospital System Houston, TX	4	1	5
N	Memorial Medical Center Springfield, IL	1	2	3
N	Mennonite Board of Missions Elkart, IN		7	7
N	Mennonite Hospital Assn. Bloomington, IL	2		2
N	Mercy Catholic Medical Center Darby, PA	2		2
N	Methodist Hospitals Inc. Gary, IN	2		2
N	Methodist Hospital			
	Dallas, TX	4		4
	Houston, TX		2	2
	Indianapolis, IN	1	1	2
	Memphis, TN		3	3
	Jacksonville, FL		4	4

Hospital Chains Not Included in HCFA Listing - Identified by Modern Healthcare - April 1981 Edition

	Hospital Chains	Number of Units Owned/Leased	Managed	Total
N	Millard Fillmore Hospital Buffalo, NY	2		2
N	Missionary Sisters Service Techny, IL	2		2
P	Montelepre Systemed New Orleans, LA		2	2
N	Nebraska Methodist Hospital Omaha, NE	2	11	13
N	Newport News Gen/Non Sect. Hosp. Newport News, VA	2		2
N	New York City Health & Hosps. Corp. New York, NY	16		16
N	Ohio Valley Medical Center Wheeling, WV	2		2
N	Orlando Regional Medical Center Orlando, FL	3		3
P	Pacific Medical Center Inc. San Francisco, CA	2		2
N	Presbyterian Hospital Center Albuquerque, NM	10	1	11
N	Presbyterian Medical Center Dallas, TX	1	1	2
N	Presbyterian Hosp./IHP Corp. Oklahoma City, OK	2	4	6
N	Presentation Health Systems Sioux Falls, SD	4		4
P	Primary Medical Mgmt. Atlanta, GA	3		3
P	R. H. Medical Services Inc. Elkins Park, PA	2		2

Hospital Chains Not Included in HCFA Listing - Identified by Modern Healthcare - April 1981 Edition

	Hospital Chains	Number of Units Owned/Leased	Managed	Total
N	Rush-Presbyterian-St. Lukes Hosp. Chicago, IL	3		3
N	St. Elizabeth Community Health Center Lincoln, NE	1	2	3
N	St. Louis/Little Rock Hospitals Inc. St. Louis, MO	2		2
N	St. Lukes Hospital St. Louis, MO	2		2
N	St. Lukes Medical Center Sioux City, IA	1	1	2
N	St. Lukes/Roosevelt Hosp. Center New York, NY	2		2
N	Scripps Memorial Hospital La Jolla, CA	2		2
N	Shared Mgmt. Planning & Development Colorado Springs, CO	5		5
N	Spartanburg General Hospital Spartanburg, SC	2		2
N	Shriners Hospitals Tampa, FL	19		19
N	Sisters of Mercy			
	Dobbs Ferry, NY	3		3
	Buffalo, NY	3		3
N	Sisters of Charity of St. Augustine Richfield, OH	4		4
N	Sisters of St. Francis Sylvania, OH	5		5
N	Sisters of St. Joseph of Peace Englewood Cliffs, NJ	3		3
N	Sisters of Mary of the Presentation Valley City, ND	4		4
N	Southern Illinois Hospital Services Carbondale, IL	2		2

Hospital Chains Not Included in HCFA Listing - Identified by Modern Healthcare - April 1981 Edition

	Hospital Chains	Number of Units Owned/Leased	Managed	Total
P	Turtle Creek of Florida, Inc. Indianapolis, IN	3		3
N	United Hospitals Inc. St. Paul, MN	3	2	5
N	Upstate Health Systems Inc. Rochester, NY	3		3
N	Wesley Medical Center Wichita, KS	1	6	7
N	West Jersey Hospital System Camden, NJ	3		3
N	Wilmington Medical Center Wilmington, DE	4		4
N	Virginia Mason Hospitals Seattle, WA	1	3	4

Nursing Home Chains Not Included in HCFA Listing - Identified by Modern Healthcare - June 1981 Edition

	ARA Health Services	Number of Units Owned/Leased	Managed	Total
P	National Living Centers Inc. Houston, TX	118	47	165
P	Geriatrics Inc. Greeley, CO	29	2	31
P	Commercial Management Inc. Sioux City, IA	26	20	46
P	General Health Management East Hartford, CT		8	8
P	King Care Centers Minneapolis, MN	4		4
P	AMI Incorporated Shreveport, LA		61	61

Health Care Chains - Public Corporations Reporting on the Various Stock Exchanges, Not Included in Chain Listings Of HCFA or Modern Healthcare (April 1981 & June 1981 Editions)

American Health Services Inc.
Washington, D.C.

C-V American Corp.
Santa Monica, CA

Care Inns Inc.
Memphis, TN

General Care Corp.
Nashville, TN

Herman Miller, Inc.
Zeeland, MI

NUDH Corp.
Arlington, VA

Wyndon Corp.
Los Angeles, CA

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